Entered - 06/11/01 - sb CL01L0351 - DIANNE C. MITCHELL

01- R-1838

CLAIM OF: PAT HARGRETT

4620 Club Valley Drive, NE Atlanta, Georgia 30319

For damages alleged to have been sustained as a result of a sewer back ups on March 11 and 31, 2001 at 4620 Club Valley Drive, NE.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0351</u>	
	Date: November 1, 2001
Claimant /Victim PAT HARGRETT	
	NE A4
Subrogation: Claim for Property dom	c. NE. Atlanta, Georgia 30319
Date of Notice: 06/06/01	Bodily Injury \$
Conforms to Notice: O.C.G.A. 836-33-5	e, NE, Atlanta, Georgia 30319 age \$ _8,276.99 Bodily Injury \$ od: Written, proper X Improper X Ante Litem (6 Mo.) X e: _4620 Club Valley Drive, NE
Date of Occurrence 03/11 & 03/31/01 Dies	Ante Litem (6 Mo.) X
Department Public Works	2: 4620 Club Valley Drive, NE
Employee involved	Division: Sewer Operations
	X Improper X Improper X Ante Litem (6 Mo.) X E: 4620 Club Valley Drive, NE Division: Sewer Operations Disciplinary Action:
NATURE OF CLAIM, The state of	
investigation determined that the claiment did	hat her property was damaged due to two sewer back ups. The t notify the City of the first occurrence on March 11, 2001 and that with the mainline until the occurrence on March 11, 2001 and that
the City received no notification of any month	t notify the City of the first occurrence on March 11, 2001 and the
City's Sewer Division responded to the sell scu	t notify the City of the first occurrence on March 11, 2001 and that with the mainline until the occurrence on March 31, 2001. The ne second occurrence, but could not leasts and 11, 2001.
mainline. The City is immune from liebility	n with the mainline until the occurrence on March 11, 2001 and that the second occurrence, but could not locate any problems with the set forth in O.C.G.A. §36-33-1
self to minute from hability as s	ne second occurrence, but could not locate any problems with the set forth in O.C.G.A. §36-33-1.
INVESTIGATION:	
Statements: City employee	Police Oral Oral
Pictures Diagrams Danast	Police Others Written Oral Police Dept Report X Other
Traffic citations issued: City Driver	Police Dept Report X Other
Citation disposition: City Driver	Police Dept Report X Other Claimant Driver Claimant Driver
	Claimant Driver Other
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial Signature of the state of the s
Improper Notice More than Six Monet	Ministerial
City not involved	Other X Damages reasonable
Repair/replacement by Ins. Co.	rejected Compromise settlement
Claimant Negligent City Negligent	Repair/replacement by City Forces
City regrigent_	Joint Claim Abandoned
	Respectfully submitted,
	flum Willen
	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:	/ CHELL
Pay \$ Adverse X	7 Aggang 1
Claims Manager: ////////////////////////////////////	Account charged: 1A012J012H01
Committee Action:	Concur/date
FORMA	Council Action
FORM 23-61	

COUNCIL OF THE CITY OF ATLANTA

MUNICIPAL CLERK

DECEIVED

RE: CLAIM FOR DAMAGES

Midchell Oce/11/0)

City Hall 55 Trinity Avenue, S.W.	NEOLIVED		Today's Date:	
Atlanta, Georgia 30335		AP/	Today 5 Date.	- Ju
Dear Municipal Clerk:	MUNICIPAL CLER	$^{\prime\prime}$ ENTERED - 6	-11-01 - DP IANNE MITCHELL	
This is to notify the City	y of Atlanta that I have suffered dan ily injury for which I contend the Cit	nages in the amount su ty is liable.	um of \$ 8276.99	_ property and /or
1. Date of incident: <u>7</u>	March // - May 3/ 2. Time (month/day/yeap)	of Incident:	3. Police called:	Yes No
4. Location of incident	(including street address) :			to the second
5. Name of your insura	nce company: USAA		Policy No	
6. State what and how	incident occurred: The city. A full associated	, sewer le	ne Surchar	ged into
my home	. a fuel asso	unt or to	a incident	damag
and recus	to is a Hacked.	. 0	7	0
Your vehicle:	ownership of your vehicle (copy of the (Make) (Year)	(Tag Number)	(Driver's N	ame)
City vehicle:				· · · · · · · · · · · · · · · · · · ·
	(Make) (City Drive	r's Name)	(Department/Bu	ireau)
9. Witness:	(Name)	(Address)	(Telephone Nu	mber)
10. The acknowledgeme State law, nor is it a	nt of this claim in no way waives the n admission of liability on behalf of t	sovereign immunity o the City of Atlanta and	f the City of Atlanta, as grad / or its employee(s).	nted by
11. This claim should be	mailed immediately to the address s	hown above.		
1 HEREBY SWEAR INFORMATION IS	R OR AFFIRM THAT THE ABOVE STRUE AND CORRECT.	- Pat	Hararett (Print Claimant's Name	1
Patria	a R. Hararett	4620 (heb Valley)	Nr KE
Signature of Claima	int O	0.1.1	(Address)	<u> </u>
		Htlan	ta GA	30319
			(City, State and Zip Code)	5011
		(Work N	umber) (Home	1- 38/4- Number)